

PROGRAM REGISTRATION

Technical Training Program
State Personnel Board
801 Capitol Mall, MS55a
Sacramento, CA 95814
Telephone: (916) 653-2085
CALNET: 8-453-2085
Fax No.: (916) 657-2502

Instructions: Please complete all of the unshaded sections of this form and mail or fax it to the Technical Training Program. If you are uncertain about any item on this form, please contact the Technical Training Program for clarification.

PARTICIPANT INFORMATION		
NAME: DEPARTMENT: DIVISION: ADDRESS: CITY, STATE, ZIP:		
CIVIL SERVICE CLASSIFICATION	TELEPHONE NUMBER	FAX NUMBER
DISABILITY ACCOMMODATION: <input type="checkbox"/> AUDITORY <input type="checkbox"/> MOBILITY <input type="checkbox"/> VISUAL <input type="checkbox"/> OTHER		
COURSE INFORMATION		
PROGRAM TITLE		TUITION
PROGRAM LOCATION <input type="checkbox"/> Technical Training Program, State Personnel Board, 801 Capitol Mall, Sacramento <input type="checkbox"/> OTHER		
SECTION PREFERENCE		BILLING INFORMATION
Dates		Payment is required by the first day of the course. Checks should be made out to State Personnel Board . Arrangements for billing may be made under certain circumstances. If arrangements have been made for billing, indicate the person responsible for the billing:
1st Choice		
2nd Choice		
3rd Choice		
CONFIRMATION OF ENROLLMENT: A confirmation letter will be mailed or faxed 10 days before your class with details about the Technical Training Program and the class. Cancellations, No-Shows: Cancellations received more than 5 working days in advance of the first day of the class will be accepted without charge. Late cancellation or no-shows will be charged the full amount of tuition. Substitutions, Walk-Ins: Substitutions will be accepted up to the first day of class. Walk-In registrations will be accepted provided there is room in the class and provided the participant has a completed Program Registration. Please call ahead for walk-in arrangements. NOTE: The person listed below will receive confirmation of the participant's enrollment. This person is responsible for notifying the Technical Training Program if the participant needs disabled accommodation or if the participant must cancel or reschedule the enrollment.		Name:
		Department:
		Address:
		City, State, Zip Code:
		Telephone No.:
		Fax No.:
DEPARTMENTAL TRAINING OFFICE APPROVAL		
Name: Department: Division: Address: City, State, Zip:	SIGNATURE OF PERSON AUTHORIZING TRAINING AND EXPENDITURE	
	DATE:	
	TELEPHONE NUMBER	
	FAX NUMBER	